



# General Complaint Form

Date Stamp(COCHA office use only)

Please fill this out completely. The City of Chandler Housing Division may have additional questions for you during the follow up of this complaint and will need to contact you.

CONTACT INFORMATION			
CONTACT PERSON NAME	BEST CONTACT #	ALT. #	
ADDRESS	CITY	STATE	ZIP CODE
Are you willing to testify if necessary: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you wish to remain Anonymous to the person you are complaining about: <input type="checkbox"/> Yes <input type="checkbox"/> No			

INCIDENT INFORMATION			
WHO		PHONE #	
ADDRESS	CITY	STATE	ZIP CODE
WHAT OCCURRED			
WHEN DID IT FIRST OCCUR	IS IT STILL OCCURRING <input type="checkbox"/> Yes <input type="checkbox"/> No	VEHICLE DESCRIPTION(S)	
WHERE		LICENSE PLATE #(S)	
HOW DO YOU KNOW THIS			

## For Office Use Only

Complaint Taken By: \_\_\_\_\_ Date: \_\_\_\_\_

Complaint Referred To: ☐ Housing Specialist ☐ Housing Officer ☐ Housing Supervisor

Action taken on complaint: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address:  
 Mail Stop 101, PO Box 4008  
 Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment Division  
[www.chandleraz.gov](http://www.chandleraz.gov)  
 Ph. 480-782-3200 ♦ Fax 480-782-3220

Office Location:  
 265 East Buffalo Street  
 Chandler, AZ 85225